

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Housing Finance Agency

Division, Department, or Region (if applicable)

Office of General Counsel, MS 1440

Street Address

500 Capitol Mall, Suite 1400, Sacramento, CA 95814

Area Code/Phone Number

916-326-8488

Email

Jojima@CalHFA.ca.gov

Agency Contact (name and title)

JoJo Ojima, Filing Officer

Date Stamp

RECEIVED

APR 01 2015

CalHFA - LEGAL

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

American Conference Institute

Name

45 West 25th Street, 11th floor

New York

NY

10010

Address

City

State

Zip Code

Continuing education provider

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name \$ Amount Name \$ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

Transportation Provider

☐ Rail

☐ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$ Lodging Expenses

\$ Meal Expenses

\$ Transportation Expenses

\$ Other Expenses

\$ Total Expenses

3.1 (b) Payment(s) not related to travel:

11/19-11/21/14

Dates (month, day, year)

\$ 595.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The cost of my admission to the seminar on Mortgage Servicing Compliance was discounted by \$595.00 because my colleague was a panelist for one of the presentations. Full cost is \$1595.00. The Agency paid \$1000.00.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Tauriainen

Claire

Attorney III

Legal Division

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Tia Boatman Patterson

Print Name

Executive Director

Title

3/30/15
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

Clear Page